

CHAPTER 9000 PAYMENTS AND ACCOUNTS

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9100 FOSTER CARE PAYMENTS

Revisions to the sections regarding foster care payments are currently under revision to reflect the new Foster Care Rate Structure, which was effective January 1, 2001.

9110 Payments Above Base Rates

9111 Purposes

- A. Additional funding beyond basic rates may be necessary to maintain a child in foster family care or a relative placement.
- B. Funding is intended to enable care in the most family-like, least restrictive setting. However, it is also appropriately used to enable care pending placement into a specialized, more restrictive, appropriate care setting when such resources are not immediately available.

9112 Limitations

- A. Additional funding beyond basic rates is an exception and not an entitlement to all children in care who have extraordinary needs.
- B. The Division of Children and Family Services (DCFS) social worker, the supervisor, and/or the Area Administrator must determine that the need is critical and that funding is available within regional allotments.
- C. The DCFS Regional Administrator is responsible for all allotted service delivery funds and determines the level of additional funding available to meet special needs. All expenditures must be within regional allotments.

9120 Special Rates

See the interim *Foster Care Redesign Handbook* for requirements, instructions, and tasks for implementation of Foster Care rate restructuring. Restructuring of foster care rates will be phased in through June 2001.

9121 Justification and Approval

- A. The private agency or DCFS social worker may authorize a special rate, up to state authorized maximum amounts, in addition to the basic rate for board and room, for a child in need of special and specific care. The private agency or DCFS social worker must write a justification for approval by the DCFS supervisor.
- B. The supervisor must approve the special rate before payment is made. If the special rate is approved, the supervisor must review the need for continued payment every six months. The supervisor must document approval of the special rate in the child's case file at initiation and renewal.

- C. Documentation contained in the child's Health & Education database of the child's behavior, emotional, intellectual, and/or physical problems is sufficient justification for a special rate.

9122 Training Requirement

To be eligible to receive the special rate on behalf of a child in their care, the foster parent(s) are not required to complete Foster Parent Scope training provided by the Division of Licensed Resources (DLR).

9123 Children with Behavioral/Emotional Problems

- A. To be eligible for special rate foster care, children with behavioral/ emotional problems need to exhibit at least three of the following behaviors, which are documented in the Behavior Issues section of the child's CAMIS Health & Education database:
 - 1. Recurring use of illicit drugs;
 - 2. Regular overuse of alcohol;
 - 3. Poor school adjustment and/or truancy;
 - 4. Sexual acting out;
 - 5. Frequent shoplifting and/or other theft;
 - 6. Chronic running away;;
 - 7. Demonstrated property destruction in own home and/or foster home
 - 8. Regular, frequent peer conflict which may require action by foster parent;
 - 9. Significant sleep problems which may cause disruption in the normal sleep patterns of the foster parent(s);
 - 10. Destructive attention-seeking behavior which may demand extra attention by foster parent(s);
 - 11. Frequent noncompliance with requests of parent(s), foster parent(s), teacher, or other authority figures;
 - 12. Failure to use normal cautions in using potentially flammable substances;
 - 13. Soiling and enuresis over age six; and

14. Extremely bizarre behavior, reflecting psychosis or other severe mental disorder.

9124 Intellectually/Physically Challenged Children

- A. To be eligible for special rate foster care, intellectually and/or physically challenged children need to exhibit at least two of the criteria listed below, which are documented in the child's record. If Foster Care Passport Program (FCPP) staff has constructed a Passport for the child, the child's social worker must have documented any of the following dysfunctions, except "awaiting institutional placement," in the child's Health & Education database:
 1. Requires physical assistance, inappropriate to the child's age, of foster parent in feeding, dressing, bathing, or toileting;
 2. Needs the physical help of foster parent in order to be mobile;
 3. Needs regular and organized physical therapy by foster parent under the orders/direction of a professional;
 4. Needs medication administered by foster parent on a regular basis per physician's orders;
 5. Needs physical assistance by foster parent for drainage of ileum conduit, colostomy;
 6. Requires suctioning, mist tent, etc., care which is provided by a foster parent;
 7. Non-ambulatory;
 8. Epileptic child who has uncontrollable seizures;
 9. Awaiting institutionalization placement;
 10. Habitually wanders unless closely supervised;
 11. Failure to thrive below third percentile; and
 12. Born addicted to drugs requiring additional care and support during the withdrawal period.

9130 Exceptional Cost Plans

See the interim *Foster Care Redesign Handbook* for requirements, instructions, and tasks for implementation of Foster Care rate restructuring. Restructuring of foster care rates will be phased in through June 2001.

9131 Standards

- A. CA uses Exceptional Cost funds to enable children with highly individual needs to be cared for in the least restrictive setting.
- B. CA staff must use the funds only after all other potential sources of financial and other support for the needed services have been exhausted.
- C. Children with severe physical and/or intellectual impairments and those with acute emotional/ behavioral problems may need funds beyond the special rate in order to succeed in out-of-home care. These funds may reimburse foster parents for unusual, highly demanding activities/supervision the foster parents provide and for purchase of special services or supplies.
- D. CA always considers purchase of a foster parent's time/activities an exceptional cost plan (ECP).

9132 Training Requirement

To be eligible to receive Exceptional Cost Payments (ECP) on behalf of a child in their care, the foster parent(s) are not required to complete Foster Parent Scope training provided by the Division of Licensed Resources (DLR).

9133 Appropriate Uses

- A. The DCFS or private agency social worker may seek approval from the DCFS supervisor and Area Manager or other regional designee for an ECP when the child has unique documented needs which require unusual, very special care on the part of the foster parent and/or support services, equipment, and supplies. Before seeking approval of an ECP, the social worker needs to determine that the child's needs may be met only through an ECP.
- B. The social worker must document the plan and appropriate approvals in the child's case record before payment is made. For children enrolled in FCPP, the social worker must attach a copy of the child's current Passport, including the current Health Recommendations Letter, to the ECP.
- C. The social worker and the supervisor must review the ECP at a minimum of once every six months and obtain approval of the Area Administrator or other regional designee for continuation of the plan and payment.
- D. For more than one child in the home to receive ECP, the Area Administrator and the Regional Administrator or designee must, as an expenditure accountability measure, review the proposed plans for each child to ensure that each child is in need of and will receive all authorized services, without duplication of payments to the foster parent.

9134 Regional Expectations

- A. The Regional Administrator determines the procedures by which the social worker authorizes these funds. The procedures will address the following:
 - 1. The prescribed form or format for documentation.
 - 2. The rationale/justification for additional funding for a specific child.
 - 3. The specific services being requested through the ECP and the rate levels for each service. The social worker must categorize services as either Maintenance (direct care/supervision of child) or Non-Maintenance in order to obtain federal matching funds.
 - 4. Exploration of alternative resources, including services or funds that community agencies and DSHS divisions may contribute toward the plan of care.
 - 5. The total amount of additional funds and the period of time such plans may cover.
 - 6. The delegated approval level, if not the Regional Administrator.

9140 Limitations on Out-of-Home Care Payments

- A. To prevent overpayments when children leave one residential placement to go to another or to return home, the CA social worker shall make payment only through the day before the date of discharge. No double payments are to occur by paying for the same date of care in two different facilities.
- B. CA shall pay for temporary absences of children from foster family and group care only in compliance with WAC 388-25-0180. In addition, the following conditions shall apply:
 - 1. CA shall not pay for absences of a child from foster family care, unless there is an agreement with the foster family for the child to return to their home within 15 days.
 - 2. When a child leaves a foster care placement, unless there is agreement by DCFS and the foster parent to place the child back into the foster home, the social worker shall prorate the foster care payment, including special rate and exceptional cost, for the month, paying only for the actual days of care provided, not including the last day of placement. Acceptable absences, where the plan is to return the child to the foster home within 15 days, include:
 - a. Planned visitation;
 - b. Hospitalizations;

- c. Attendance at summer camps and similar activities;
 - d. Respite placements;
 - e. Temporary placement while foster parent(s) is vacationing or receiving medical treatment;
 - f. Juvenile detention placement of youth; or
 - g. Runaways when the bed is being held for the return of the child.
 3. An exception to policy (ETP) may be submitted to the Regional Administrator to continue payment beyond 15 days of absence or when a planned absence is for a reason other than listed above, if continued payment is necessary to continue a plan of care which is in the child's best interests.
 4. In the event of an unplanned absence from the foster family home, if the created vacancy remains unfilled, the social worker may authorize up to three days of payment to determine if the child will be returned to the foster home.
- C. Overpayments also occur in foster family or group care when the authorized goods or services are not provided but payments are made. Examples include payments for Exceptional Cost or Medicaid Personal Care Services that are paid but not delivered.
- D. The social worker or other staff designated by the Regional Administrator will need to calculate an overpayment when payments are made for services not delivered and for those days paid if the child is absent from the foster family home for reasons other than those listed in paragraph A, above.
1. The designated staff completes a *Social Service Overpayment Notice*, DSHS 18-398.
 2. The designated staff sends a copy of the form to the foster parent with instructions to forward repayment directly to the Office of Financial Recovery (OFR).
 3. The designated staff also sends copies of the forms to OFR, along with documentation supporting the finding of an overpayment and the calculations and retains a copy of the overpayment notice in the client and/or vendor file.
- E. Each Regional Administrator will put into place regional controls that identify placements that have ended and which require overpayments to be collected in accordance with this standard.

- F. Each Regional Administrator will put into place regional controls that identify how foster care payments above base rates are monitored to achieve improved outcomes.

9141 Disputed Overpayments

Foster parents, as non-contracted care providers, do not have a right to a fair hearing.

- A. When a foster parent believes no overpayment has occurred, the overpayment has been computed in error, or the overpayment should not have to be repaid, the foster parent requests review by the department.
- B. The Foster Care Program Manager, in the CA Division of Program and Policy Development, reviews the overpayment dispute and determines the amount of overpayment to be repaid or forgiven. The Program Manager uses as the basis of the decision information provided by the social worker, OFR, and the care provider.
- C. DCFS regional staff shall respond promptly and completely to all requests for additional information from the Foster Care Program Manager.

9142 Dual Payment Limitations

- A. Payment of foster care is for 24-hour care. Payment of both foster care and child day care for the same child to a dually licensed home is a double payment. Trading children between dually licensed homes would similarly result in double payments.
- B. Before authorizing child care payments for a child in foster care, the child's social worker will verify the employment of the foster parent(s) outside the home or in the home in an occupation that would normally be performed outside the home. The social worker will document in the child's record through wage stubs or other appropriate means verification of the employment. The social worker will include the name of the employer, the hours worked, and the telephone number at the work site where the foster parent can be contacted. The social worker will verify the foster parent(s) employment status every six months while payments continue.
- C. For foster parents whose work site is their home, the social worker will verify the actual hours of employment and limit child day care payments to those hours only.
- D. Any Foster Parent Employment Child Care payments to be continued to dually licensed homes must be reviewed and approved by the Area Manager, with justification and documentation of the approval included in the child's record.

9200 VENDOR PAYMENTS

Payment must be made through SSPS when service authorization codes are available. Social workers, program managers, and Regional Business Managers shall not use Invoice Voucher A-19s to make payment in such cases as federal revenue will be lost and/or fiscal expenditure information will be inaccurate.

9300 VENDOR WARRANT REPLACEMENT**9310 Children's Administration Staff Tasks**

When a vendor makes a request for a replacement warrant, the responsible staff:

- A. Sends/gives the vendor a copy of *Vendor Affidavit of Lost, Stolen, or Destroyed Warrant*, DSHS 9-013(X), with instructions to complete the top half of the form, sign, notarize, and return the original affidavit and one copy to the local CA office.
- B. Mails the original affidavit to DSHS, Disbursements Section, MS 45843, Olympia, WA 98504.
- C. Attaches a copy of the affidavit to a copy of the original payment authorization document (DSHS 14-154A/159) and places it in the social service record or payment batch file.
- D. Under no circumstances initiates another voucher. CA workers are to ensure only the proper affidavit is completed and submitted to Disbursements.

9320 Disbursements Staff Tasks

DSHS Disbursements staff checks with the State Treasurer's Office to determine if the warrant is outstanding. If staff finds that the warrant has been cashed, an investigation is undertaken before reissuing a warrant.

9400 SOCIAL SERVICE PAYMENT SYSTEM**9410 Regional Office Responsibilities**

- A. The DCFS Regional Administrator and the Division of Licensed Resources (DLR) Regional Manager establish controls to ensure that only properly designated personnel input to the Social Service Payment System (SSPS) via the Case and Management Information System (CAMIS).
- B. The Regional Administrator and Regional Manager, through written procedures, designate staff to maintain security for CAMIS and for SSPS in their respective areas of responsibility.
- C. The Regional Administrator and the Regional Manager see that the following are done:

1. Current written SSPS procedures are available to staff, and staff are aware of their location.
 2. Appropriate staff have a copy at their desk.
 3. Each office has at least one current copy of the SSPS Manual.
 4. Staff are appropriately trained in using SSPS.
 5. SSPS payments are adequately monitored.
- D. The Regional Administrator and Area Manager are responsible to see that no SSPS payments are made to vendors without a valid contract in place, unless otherwise allowed by the specific SSPS service and payment code.
- E. The Regional Administrator and the Regional Managers establish procedures to retain the following reports in the regional and local offices:

REPORT	NUMBER	RETENTION
Purged But Not Paid Report	SSPS22N26 microfiche	6 years
Client Payment Detail	SSPS40N40 microfiche	6 years
Provider Services Summary	SSPS142	1 year
All Services Summary	SSPS182	1 year
Client Payment Detail Listing	SSPS40N40	1 year or 5 years*
Client Payment by Service Code	SSPS40N20	1 year
Service Code by Reporting Unit	SSPS40N21	1 year
Adoption Family Services	SSPS180-A SSPS180-B SSPS180-C	1 year
FRS Services	SSPS181-A-D	1 year
Payee by Reporting Unit	SSPS40N31	1 year

*This report must be retained for five years if the office does not have a microfiche machine.

- F. The Regional Administrator and the Regional Manager provide for all of their respective employees to have access to terminal alerts broadcast through CAMIS.

9411 Regional SSPS Coordinator

The Regional Administrator designates a regional SSPS Coordinator whose responsibilities include:

- A. Monitor a sample of SSPS output reports on a quarterly basis.
- B. Act as the primary contact person with SSPS Control in the Management Services Administration.
- C. Clarify SSPS information coming into CA from Management Services Administration.
- D. Act as a resource to local SSPS coordinators and supervisors for training and/or payment problems.
- E. Assist in developing SSPS procedures, providing SSPS training, and completing corrective action in response to paragraph A, above.

9420 Area Manager Responsibilities

- A. The Area Manager is responsible to assign a staff person in each office to maintain the following lists:

LISTS	FORM	RETENTION
Duplicate Invoice List	DSHS 07-056(X)	4 months
Paper Batch Transmittal List	DSHS 01-137(X)	2 years
SSPS Transaction Input List	SSPS0017	2 years

1. The use of each form is described in *SSPS Manual*, Section 99.

B. Area Manager Reports

1. The Area Manager uses the following reports to monitor local office and unit activity on a monthly basis:

REPORT	NUMBER	RETENTION
Administrative Report	SSPS015-1	5 months
Worker/Supervisory Activity Reports	SSPS014-1 SSPS014-2	6 months
Authorization in Error Weeks Elapsed without Correction	SSPS057-A SSPS057-b	1 month

- C. Area Managers assign a gatekeeper in each office to control the creation of provider numbers and to see that the following steps are taken:
 - 1. The assigned staff always conducts a provider file clearance before creating a new provider number, using the first three letters of the provider's name. This will pick up alternate spellings and minimize the creation of duplicate provider files.
 - 2. To change information on an existing provider file, the appropriate individual (i.e., Local SSPS Coordinator, Regional SSPS Coordinator, Regional Contracts Coordinator, or assigned licenser) must give authorization.
- D. Operator Numbers
 - 1. Operator numbers allow administrative support and social work staff to complete SSPS authorization and provider file input through CAMIS. Each employee with an operator number is required to keep his/her password secret. Only selected terminals have entry to these transactions by use of operator numbers and passwords. Area Managers determine which employees are to be assigned operator numbers and access to selected terminals. The unit supervisor sees that SSPS Control, MS 45812, is notified within five working days after an employee leaves or changes job functions.
 - 2. The Area Manager designates security staff to document changes, additions, or deletions to operator numbers and terminal access, with documentation available for review by federal, state, and internal auditors. Designated security staff retain this documentation for at least two years.

9430 Local Office Responsibilities

9431 Expectations and Procedure

- A. Local offices (reporting units) will establish and maintain auditable controls of SSPS and have written procedures for staff functions relating to SSPS. Local office procedures are to contain all information required herein. Local offices will add to these requirements the specific information that pertains to their office procedures.
- B. Local offices are to have procedures for approval by management of exception payments prior to authorization, including signatures as required.

9432 Social Worker/Designated Staff Responsibilities

- A. For contracted services, the supervisor shall be responsible to see that the social worker or other designated staff verifies, through the CAMIS contracts module, that the proposed vendor is a contractor in good standing

with the department before processing SSPS payment or service authorizations.

- B. Designated staff perform the following in authorization preparation:
1. Authorize payment of appropriate services for clients to whom they are assigned.
 2. When asked to authorize emergency services for a social worker who is unavailable, the designated staff uses that other worker's SSPS worker identification (ID). The authorizing worker must sign the authorizations prior to data input. The designated staff give copies of all authorizations to the clerical staff responsible for reconciling the transactions.
 3. Correct errors on authorizations.
 4. For one-time service authorizations, verify that goods or services were delivered prior to authorizing payment. Appropriate receipts must be present before payment and closure of the DSHS 14-159.
 5. For those services requiring supervisory approval, as identified in the *SSPS Manual*, Appendix C, obtain such approval prior to input. Appropriate authorizing documents may be attached to the *Social Service Authorization* (SSA), DSHS 14-154(X), or the CAMIS "Print Screen."
 6. Should complete authorizations for input on a daily basis but shall complete them for input no less often than every fifth work day.
- C. **Social Worker Reports**-Social workers or other designated staff shall use the following reports to monitor services and to track status:

REPORT	NUMBER	RETENTION
<i>Worker Service Report</i>	SSPS032	1 month
<i>Expired & Expiring Service Tickler</i>	SSPS013	1 month
<i>Birthday Tickler</i>	SSPS039	1 month

- D. Social workers initiate and maintain CAMIS placement information.
- E. Each social worker or other designated staff reviews the *Worker Service Report* (SSPS032) and:
1. Identifies any services, providers, or clients he/she did not authorize.

2. Identifies any unusual authorizations, unusual payments, or authorizations in the wrong amount.
 3. Resolves discrepancies or reports discrepancies to the immediate supervisor when resolution is not possible.
- F. Each social worker or other designated staff reviews the *Expired and Expiring Service Report* (SSPS013) and the *Birthday Tickler* (SSPS039) to identify services which need to be terminated, extended, or changed.
- G. Social workers and other designated staff participate in offered training.

9433 Input Staff Responsibilities

- A. Input should be done on a daily basis but shall be done no less than every fifth work day.
1. The input clerk or other authorized personnel initials, dates, and records the authorization number on the DSHS 14-154A or prints the CAMIS screen and initials and dates it. Assigned staff distribute copies as required. Assigned staff prioritize input with attention to the following deadlines: ACES, monthly invoice, expired services, and supplemental invoice.
 2. Social workers doing their own input print the CAMIS screen and sign and date the printed copy. The workers file one copy in the case file and give one copy to clerical support to use in checking the Transaction Listing. The social workers distribute other copies as required by regional or local procedures.
- B. Staff doing input must verify current enrollment for medical coverage before inputting medical authorizations.
- C. When staff doing input are entering a paid service via CAMIS for which a license is required and the license expiration date is prior to the service end date, the input staff may change the service end date to reflect the license expiration date without sending the authorization back to the social worker for correction.
- D. When input staff is entering a placement-related service via CAMIS for which the placement module has not been updated to reflect current status, the input staff returns the authorization to the authorizing worker. It is the social worker's responsibility to ensure that placement information is entered.
- E. Assigned staff other than the one doing input checks input documents against the *Transaction Listing* (SSPS 017) and signs and dates the document upon completion of the review. Assigned staff bring discrepancies to the attention of the appropriate supervisor. Offices are to retain the *Transaction Listing* for 24 months after the daily work has been

checked off by clerical and appropriate supervisor. Assigned staff destroy all clerical copies of authorizations not needing further review.

9434 Support Staff Responsibilities

- A. Support staff, within one work day of receipt, forward SSPS output reports to unit supervisors. If two sets of reports are received, support staff will distribute one set to the supervisor for review and forward the other set to the social worker.
- B. A designated staff is responsible for distribution of SSPS reports and for storing reports and microfiches in accordance with established retention requirements. The assigned staff maintains billing reports, including microfiche, in a location accessible to staff.
- C. A designated staff is responsible for ordering and distributing all SSPS manuals and policies required to support program operations.
- D. Staff are to be aware of procedures for batching SSPS authorizations which are outlined in the *SSPS Basics Manual*, Section 10.10.

9435 Supervisor Responsibilities

- A. SSPS Worker ID
 - 1. The six (6) digit SSPS Worker Identification allows social work staff to authorize services for eligible clients in designated reporting units. Supervisors are to notify designated security staff within five working days of the need for any additions, deletions, or changes to the SSPS Worker ID in their unit. The required data includes:
 - a. Employee's name;
 - b. SSPS Worker ID (old and new if being changed);
 - c. Position number;
 - d. Worker telephone number; and
 - e. Reporting unit number.
 - 2. The supervisor oversees security staff input of changes, additions, and deletions via CAMIS. Retention of all changes, additions, and deletions are maintained in the CAMIS data base.
- B. The unit supervisor or other employee designated by the Area Manager and knowledgeable of documentation requirements and payment policies randomly checks, co-signs, and dates at least 25 percent of the services that meet the following criteria:

1. Services opened and closed at the time of initial input.
 2. One time payments that are terminated with a termination code that will cause a payment to be made (1A, 1B, 2A, 3B).
 3. Service which is authorized as an exception to the normal payment amount, including any service code beginning with a "9."
- C. The staff reviewing the sample of services retains all DSHS 14-154A/159s randomly checked and attaches them to the signed and dated *Transaction Listing*. The office retains these DSHS 14-154A/159s with the *Transaction Listing* for two years.
- D. The supervisor of each unit reviews monthly each social worker's *Worker Service Report* (SSPS032) and *Expired Services Report* (SSPS013) to monitor authorizations and expenditures.
- E. The supervisor reviews SSPS reports received from support staff within five working days, then immediately distributes to social workers.
- F. Reports for Supervisory Use in Monitoring-Supervisors use the following reports as part of their monitoring of social workers' activities:

REPORT	NUMBER	RETENTION
<i>Expired & Expiring Service Tickler</i>	SSPS013	1 year
<i>Local Office Client listing by Service</i>	SSPS041	1 year
<i>Provider Listing by Paid Service</i>	SSPS031	1 year
<i>Worker Service Report</i>	SSPS032	1 month
<i>Birthday Tickler</i>	SSPS039	1 month

- G. Each supervisor:
1. Has transactions checked promptly and discrepancies resolved.
 2. Discerns and resolves discrepancies reported by social workers or clerical staff.
 3. Reviews the *Worker Service Report* (SSPS032) monthly for accuracy and appropriateness of services.
 4. Discusses with each social worker on a monthly basis the expectation to review the following SSPS reports for accuracy and to take appropriate action as needed to prevent late payments and other errors:

- a. *Expired and Expiring Service Report* (SSPS013);
- b. *Worker Service Report* (SSPS032);
- c. *Birthday Tickler Report* (SSPS039); and
- d. Arranges for staff participation in training.

9436 Local SSPS Coordinator

The local SSPS coordinator, designated by the Area Manager:

- A. Provides technical assistance to social services and support staff in their local office.
- B. Acts as back-up support for the regional SSPS coordinator.
- C. Assists in developing and coordinating SSPS policies and procedures.

9437 Problem Resolution

- A. Assigned staff review the *Morning Report* and resolve any errors using *Correction* procedures in the *SSPS Manual*, Appendix T. Medical Assistance Administration (MAA) staff review the *Morning Report* and will correct any errors regarding eligibility or information for medical assistance.
- B. Social workers and clerical staff have the capability to verify payments made, invoices sent, and check for possible errors on returned invoices. Designated staff request duplicate invoices from SSPS Data Control, MS 45812, Olympia. Only local and regional SSPS coordinators may request expedited payments.
- C. Payment problems that cannot be resolved at the local level must be referred to the regional SSPS coordinator.

9440 Provider File Numbers

Basic instructions/information for provider file numbers are found in *SSPS Basics Manual*. All provider numbers are created and updated through CAMIS.

9500 SOCIAL SERVICE PAYMENTS

9510 Definition of Overpayment

“Overpayment” means any money paid by the department for services or goods not rendered, delivered, or authorized or where the department paid too much for services or goods or services rendered, delivered, or authorized.

9520 Overpayment and Underpayment Identification and Recovery**A. PURPOSE AND SCOPE**

1. These procedures establish guidelines for CA staff in the resolution of vendor or foster parent disputes regarding payments through an administrative hearing and pre-hearing process. It provides direction when staff determines that an overpayment to a vendor or foster parent exists, for staff participation in steps to recover the overpayment, and for staff participation in the settlement of any overpayment disputes. The procedures also provide direction for pre-hearing efforts to mediate and resolve payment disputes prior to proceeding to hearing.
2. Contracted and non-contracted service providers, including foster parents, may seek dispute resolution through these procedures, under the Administrative Procedure Act and RCW 43.20B.675, with respect to overpayments. However, the following limitations apply:
 - a. The right of vendors or foster parents to seek an administrative hearing to contest alleged overpayments applies only to overpayments for goods or services provided on or after July 1, 1998.
 - b. These procedures do not create a right to a hearing where no dispute right previously existed except as provided in RCW 43.20B.675. These procedures and department policy limit disputes for foster family and child day care providers to:
 - i. Alleged overpayments;
 - ii. Perceived failure of the department to pay for services actually provided under an agency service authorization; and
 - iii. Licensing actions taken under WAC 388-73-036 or WAC 388-155-090, as applicable.
 - c. Adoptive parents who receive assistance through the Adoption Support Program are not vendors within the meaning of the law. They have hearing rights under other provisions of law and WAC. Accordingly, payment disputes involving the Adoption Support Program do not fall within the scope of these procedures.
3. Discovery or recovery of overpayments has no time limit. The department may identify and initiate recovery of overpayments without regard to the length of time that may have elapsed since the overpayment actually occurred or was discovered.
4. CA employees do not have authority to forgive or waive overpayments, nor to offset overpayments from future payments. All such authority

rests with the Office of Financial Recovery (OFR). Designated CA staff may mediate a disputed payment with the vendor, but final approval for any negotiated proposed settlement rests with OFR.

5. Governmental entities, including Indian Tribes, with an Inter-local Agreement with the department do not have the right to an adjudicative hearing through the Office of Administrative Hearings (OAH). The dispute process described in the agreement between the entity and the department governs the resolution process.

B. Policy

1. RCW 43.20B.675 and DSHS Administrative Policy 10.02 provide that all vendors have the right to request an adjudicative proceeding if they have a bona fide dispute. Disputes involving rates set in rule or Washington Administrative Code (WAC) are not subject to resolution through an adjudicative hearing held by OAH. The responsible CA organizational unit must routinely offer a pre-hearing conference to all clients and vendors that request an administrative hearing.
2. The department and CA must, when undertaking activities relating to overpayment identification and recovery as well as adjudicative proceedings, comply with:
 - a. DSHS Administrative Policy 7.02, Equal Access to Services for Individuals with Disabilities;
 - b. DSHS Administrative Policy 7.20, Communication Access for Persons Who Are Deaf, Deaf/Blind, and Hard of Hearing; and
 - c. DSHS Administrative Policy 7.21, Provision of Services to Limited English Proficient (LEP) Clients

C. Procedures

1. Regional and Headquarters Procedures:
 - a. Each DCFS Regional Administrator, DLR Regional Manager, or division Director, as applicable, must establish procedures to provide for consistency in the handling of vendor/contractor disputes in accordance with the *Children's Administration Pre-hearing Procedures*. Procedures must include:
 - i. Methods to informally notify vendors of their right to request a formal adjudicative proceeding if they have a bona fide contract dispute and to provide all appellants with a copy of the CA written pre-hearing process. (OFR provides formal notification of overpayments.) The department limits adjudicative disputes for foster parents to those issues identified in paragraph A.2., above;

- ii. Pre-hearing/alternative dispute resolution that incorporates routine offers of a pre-hearing conference to all clients or vendors who have requested an administrative hearing;
 - iii. Identification of overpayments and steps to initiate recovery of amounts due to the department as a result of overpayments;
 - iv. Designation of staff to represent CA in behalf of the department in pre-hearing/alternative dispute resolution and administrative hearings for disputes resulting from activities or actions of the applicable organizational unit;
 - v. Identification of staff to mediate overpayment and other disputes prior to a formal administrative hearing;
 - vi. A system to identify overpayments in a timely manner;
 - vii. A method to document that an overpayment has occurred;
 - viii. A method to notify the vendor/provider that an overpayment has occurred and to determine the vendor's agreement or disagreement with that determination; and
 - ix. Identification of staff assigned to review overpayments and to refer them to OFR for collection.
 - b. CA expects disputes to be resolved at the lowest possible level in the organization. Therefore, CA staff will handle disputes at the following organizational levels:
 - i. The DCFS Regional Administrator is responsible for the dispute resolution process for all payments authorized by local office social workers and all payments authorized under regionally managed contracts and service agreements. Regional DCFS staff will coordinate pre-hearing conferences, mediation activities, and administrative hearings for regionally-managed contracts.
 - ii. Assigned CA Division of Program and Policy Development or Office of Foster Care Licensing (OFCL) headquarters staff, as applicable, will handle pre-hearing conferences, mediation activities, and administrative hearings arising from headquarters-managed contracts and service agreements.
2. Determination of Existence of an Overpayment and Documentation of Referral

- a. If any CA employee has reason to believe that the department has overpaid a contractor or vendor, that employee must contact the employee who authorized the payment and the authorizing employee's supervisor by written memo or e-mail.
 - i. The CA employee identifying the overpayment must inform the authorizing employee and that employee's supervisor that the employee has reason to believe an overpayment has occurred and must provide the information that led the employee to that conclusion.
 - ii. If the authorizing employee identifies an overpayment, that employee must inform and provide supporting information to the supervisor.
- b. The authorizing employee, or other employee designated in DCFS or DLR regional procedures or CA headquarters procedures must contact the vendor/provider directly to inform the vendor/provider of the identified overpayment and the reason the payment constitutes an overpayment.
 - i. This contact provides the CA employee and the vendor/provider an opportunity to identify any errors in the conclusion that an overpayment occurred and to enable the CA employee to discontinue overpayment procedures if CA incorrectly identified an overpayment.
 - (a) This contact serves as an opportunity for CA to educate the vendor/provider in correct methods to complete invoices in order to prevent overpayments from recurring.
 - (b) In addition, the CA employee can support the vendor/provider in continuing to offer services to CA and its clients.
 - ii. If the vendor/provider is a foster parent who disagrees with CA determination of an overpayment, the CA employee informs the foster parent of the foster parent liaison program and provides the contact telephone number for the CA office's liaison.
 - iii. If the CA employee, after contact with the vendor/ provider, continues to believe that an overpayment occurred, the authorizing worker or other employee designated by regional procedures informs the vendor/ provider that the employee will notify OFR of the overpayment. OFR will send an official notice of overpayment to the provider/vendor. This notice will include instructions for the vendor/provider to return the overpaid funds to the

department and information on steps to dispute the overpayment.

- c. The employee who originally authorized the payment gathers written documentation of the overpayment. This may include gathering payment records through the SPAYMENT procedure in CAMIS.
- d. The authorizing employee refers to the regional designee any overpayments, with supporting documentation. This information will include documentation of the vendor/ provider's agreement or disagreement with the determination of overpayment. The regional designee reviews the referral information to ensure that supporting documentation adequately supports the conclusion that an overpayment in the amount stated did occur.

3. Referral to the Office of Financial Recovery

- a. The applicable CA designee sends the completed *SSPS Overpayment Notice*, DSHS 18-398A, (dated 7/1998) along with the documentation of the overpayment, to OFR.
- b. OFR then issues formal notice of the overpayment by certified mail to, and tracks responses from, the vendor/provider. If the vendor/provider wants to formally dispute the overpayment, the vendor/provider must respond to OFR within 28 days of the notice of overpayment.
- c. If the vendor/provider does not dispute the overpayment, OFR establishes a schedule for repayment with the vendor/provider. In accordance with RCW 43.20B.695, interest will not accrue when the overpayment results from department error.

4. Disputed Department Actions

- a. OAH schedules a hearing when a vendor/provider requests a hearing. After a vendor/provider requests a hearing, the CA authorized staff person offers a pre-hearing conference. The pre-hearing conference may be a telephone call, a meeting, or a mediation session with a third party mediator.
- b. The responsible CA organizational unit must identify individuals authorized to mediate a disagreement between the department and the vendor/provider. Those persons designated to refer overpayments to OFR for collection may not serve in the role of mediator for overpayment disputes.
- c. If the CA authorized staff and the vendor/provider reach a settlement, the CA representative and the vendor/provider may execute a stipulated agreement in writing, signed by the parties. If

the parties do not resolve the dispute, the formal hearing with OAH takes place as scheduled.

- d. For overpayments:
 - i. If the vendor/contractor and the CA representative reach an agreement, before signing the agreement, the CA representative must contact OFR at (360) 664-5557 to obtain verbal approval for the stipulated agreement if it forgives an identified overpayment.
 - ii. If the OFR representative approves the agreement, the CA representative and the vendor/contractor representative sign the agreement, and the CA representative mails it to the OFR representative for signature. Once the OFR representative signs the agreement, it takes effect.
 - iii. If the administrative hearing occurs, the CA employee who authorized the payment must participate in the administrative hearing. Regional or headquarters procedures, as applicable, determine if additional individuals will participate in the administrative hearing to represent the department.

9530 Repayment

- A. The vendor or client must send the repayment directly to OFR. If a CA office receives money that is to be applied to a vendor overpayment, assigned accounting staff in the office transmits the money to OFR on a *Daily Funds Transmittal*, DSHS 18-320(X).
- B. Accounting staff indicates the nature of the overpayment in the comment section of the *Daily Funds Transmittal*.

9540 Unsolicited Payments

- A. When OFR receives payments from vendors for whom it has not received an overpayment packet, OFR staff will send notification to the appropriate CA office.
- B. If CA determines that the payment or any portion was submitted in error or that OFR applied funds incorrectly, responsible staff transmits this information to OFR in writing within 30 days. OFR will then initiate appropriate action.
- C. If CA staff determines that the payment or any portion was a program donation, designated staff transmits this information to OFR, including the identity of the program to which the donation was made to enable OFR to credit the proper account.

9550 Interest on Vendor Debt

Interest on vendor debt is administered in accordance with DSHS Administrative Policy 10.02, *Vendor or Provider Overpayment and Debt Policy*.

9600 ACCOUNTS RECEIVABLE**9610 Office of Financial Recovery Responsibility**

- A. Under DSHS Administrative Policy 4.02, OFR is delegated responsibility and authority for managing the department's Accounts Receivable in a manner outlined in Administrative Policy 12.04.
- B. Each Regional Administrator/designee will determine the region's own policy on receipt of cash.

9700 TRUST ACCOUNTS

See chapter 11000, section 11800, Trust Funds Accounting, for requirements relating to client trust accounts.

9800 ADMINISTRATOR'S ACCOUNTS**9810 Purpose and Scope**

- A. RCW 43.88.195 allows agencies to establish new accounts with the permission of the Office of Financial Management (OFM). Administrator's Accounts are expendable trusts that are local fund accounts available to provide instant assistance to eligible clients. Their sources of funds are usually donations and fund raisers.
- B. Please Note: If funds are given for a specific purpose, moneys can only be dispensed for that specific purpose. Accounting records must be maintained so that moneys donated and spent for a specific purpose may be audited.

9820 Establishment of an Administrator's Account

- A. CA local offices are to:
 - 1. Develop a statement of purpose for the account; for example, "The sole purpose of this account is to provide direct needs and opportunities for children and their families when no other resource is available."
 - 2. Stipulate the criteria for use, the amount available per request, and the process that will be developed to allow access to Administrator Account funds.
 - 3. Write a memo to the Regional Administrator requesting the establishment of an Administrator's Account. In the request, include the fund's purpose, criteria for use, and process for accessing funds.

The Regional Administrator or designee will send a written request to the Chief, DSHS Office of Accounting Services, with a copy to the CA Director of Management Services. The written request must include the name of the bank, name and classification of individuals authorized to sign account checks, and the name and classification of the individual responsible for reconciling monthly bank statements with the office records.

- B. Once the DSHS Office of Accounting Services has granted authority to establish the account, the local office identifies staff to be the:
 - 1. Accounts Receivable Coordinator;
 - 2. Committee or Person(s) to review/approve requests for funds;
 - 3. Disposition Person;
 - 4. Fund Trustee;
 - 5. Mail Person;
 - 6. Recording Person, and
 - 7. Reconciliation Person.

9830 Separation of Duties

- A. To the extent possible, the duties listed in section 9920(B) are to be separated.
- B. If the duties cannot be separated due to a lack of staffing, a "Separation of Duties" waiver which includes compensating controls to show safeguard of the account must be on file in the regional office.
- C. The waiver must be signed by the Fund Trustee, the trustee's supervisor, the second line supervisor, and the Regional Administrator.
- D. Please note: Any cash or negotiable items received are to be deposited within 24 hours.

9840 Operation of Administrator's Account

The Regional Administrator, usually through the Regional Business Manager and/or the Clerical Supervisor, designates staff to carry out the duties outlined below.

9841 Mail Person

The Mail Person logs any cash or negotiable items in the *Cash Items Mail Log*, DSHS 19-48, and gives it to the Accounts Receivable Coordinator.

9842 Accounts Receivable Coordinator

The Accounts Receivable Coordinator:

- A. Receives the *Cash Items Mail Log* and the cash/negotiable items from the mail person.
- B. Verifies that the cash/negotiable items are shown on the *Cash Items Mail Log* and, after verification, dates and signs the mail log, retaining the pink copy.
- C. Issues a pre-numbered and sequential receipt for all cash/negotiable items requiring a receipt. If the cash/negotiable items received are for a specific purpose, they are to be referred to as a restricted donation, with a note of the restriction on the receipt issued to the donor.
- D. Prepares the disposition documents required for the disposal of cash and negotiable items. The disposition documents will include the bank deposit slip, the *Cash Items Mail Log*, and a copy of the receipt issued to the donor.
- E. Secures all cash and negotiable items until transferred to the Disposition Clerk along with the disposition documents.

9843 Disposition Person

The Disposition Person:

- A. Verifies that the cash and/or negotiable received from the Accounts Receivable Coordinator equals the amount shown on the disposition documents. Completes the disposition entries on the various receipt and disposition documents. Signs and dates the disposition documents.
- B. Secures the deposit until it can be taken to the bank. Gives bank- validated deposit slips along with the copies of the receipt and disposition documents to the recording person on the same day the deposit is made.
- C. Receives approved disbursement authorizations from committee or person(s) responsible for reviewing and approving requests for funds.
- D. Prepares check (in ink) and writes the check number on the Disbursement Authorization. Has the check signed by at least two people who are authorized on the bank account signature card.
- E. Gives the completed Disbursement Authorizations to the Recording Person.

9844 Recording Person

The Recording Person:

- A. Reconciles the daily cash receipts and bank validated deposit slips.
- B. Records all deposits in the Cash Receipts Journal and Ledger Sheet.
- C. Verifies the amounts of checks to disbursement authorizations and completes entries to the check register, Cash Disbursements Journal, and the Ledger Sheet. Secures signed checks until they are mailed or given to the appropriate person.

9845 Reconciliation Person

The Reconciliation Person:

- A. Upon receiving the Administrator's Account monthly bank statement, reconciles the statement to the Ledger Sheet and other journals. Completes the reconciliation on the back of the bank statement.
- B. Prepares the Administrator's Account Monthly Activity Report and the Bank/Reconciliation Report. Gives them and the appropriate ledgers and journals, along with the bank statement, to the Fund Trustee for review.

9846 Review and Approval of Authorizations

The committee or person(s) responsible for review and approval of Disbursement Authorizations approves, modifies, or denies the completed Disbursement Authorization based on the local office use-of-funds criteria and any restrictions that may have been placed on the funds by the donor.

9847 Fund Trustee

The Fund Trustee:

- A. Oversees the management and accountability of the Administrator's Account.
- B. Reconciles the accounting records to the trustee's records on a quarterly basis. If there are variances, the trustee researches and documents, corrects, or takes appropriate action. He/she prepares the *Trustee's Reconciliation Report*, DSHS 19-207, and signs and dates it.

9850 Accessing Administrator's Account Funds

- A. A CA staff person submits a completed *Request for Disbursement Authorization* form to the committee or person(s) assigned by the Regional Administrator the duties of approving these requests.
- B. The completed form includes the amount, case name, case number, and purpose of the requested funds. The form is signed and dated by the worker.

9900 FEES FOR VITAL STATISTICS

9910 Service Worker Tasks

When it is necessary to pay advance fees to vital statistics agencies in other states for records of birth, death, marriage, or other events, the social worker:

- A. Verifies the amount of fee required for the information needed and obtains the address of the state vital statistics agency.
- B. Prepares a letter in duplicate to the agency for the supervisor's signature indicating:
 - 1. The type of record/information requested.
 - 2. The name and case number (if applicable) of the party for whom the record is requested.
 - 3. The CA address to which the vital statistics agency shall mail the record.

9920 Social Work Supervisor Tasks

- A. The supervisor signs and forwards both copies of the letter, along with a memorandum requesting that a check be issued for the appropriate fee, to:

Department of Social and Health Services
Supervisor, Disbursements Section
Attn.: Administrative Revolving Fund
Mail Stop 45843
Olympia, Washington 98504

9930 Disbursements Staff Tasks

Disbursements staff:

- A. Issues a check on the DSHS Administrative Revolving Fund and mails it with the requesting letter to the vital statistics agency indicated.
- B. Returns the copy of letter to the originator notifying them that the request has been forwarded to the vital statistics agency.

91000 FOSTER PARENT LIABILITY PLAN

91010 General information

91011 Purpose

- A. The Foster Parent Liability Plan establishes guidelines for distribution of funds under RCW 74.14B.080. This program provides a mechanism for

financial relief to foster parents who incur liability from third party personal injury and property damages caused by the foster parent in their role as foster parent or their foster/respite care children.

- B. The legislature acknowledges that foster parents assume some level of risk by taking foster/respite care children into their homes.

91012 Eligibility

Eligibility is defined in WAC 388-70-033.

91013 Program Management

- A. 91014 Inquiries. The Liability Plan is administered by the department through the Employee Services Division's Office of Risk Management (ORM). The department will pay claims subject to available funds, individual claim limits, and eligibility requirements.
- B. Claims management services for the Liability Plan are provided through the Liability Plan Intra-Agency Agreement with ORM, CA, and the Division of Developmental Disabilities (DDD). DDD participates on behalf of foster parents who provide respite care services to eligible foster children.
- C. Pursuant to this Agreement, CA and DDD each bears responsibility for developing and updating necessary written instructions, guidelines, procedures, and forms to implement the terms of the Liability Plan and to provide for timely and efficient distribution of claims (and their documentation) to ORM.

91014 inquiries

- A. Foster parents who have questions concerning completion of the claim forms are referred to their social worker for assistance.
- B. Social workers who have questions regarding general policy, interpretation of the Liability Plan, submission of claims, or action in response to claims or lawsuits need to address them to ORM at P. O. Box 45844, Olympia, WA 98504-5844.

91020 Plan Summary

91021 Liability Coverage

- A. **Third Party:** Coverage is authorized for payment to third parties who have incurred expenses as a result of the action(s) of foster parents or their foster/respite care child(ren) for personal/bodily injury and property damage.
- B. **Foster Parents:** Coverage is authorized for payment of claims arising from a foster parent's acts or omissions while performing, or in good faith

purporting to perform, provision of family foster care and supervision of a foster child, to include respite care child(ren).

91022 Representation by Attorney General

- A. Legal representation by the state for foster parents, eligible under chapter 74.15 RCW, is granted in RCW 4.92.060 and 4.92.070.
- B. Foster parent defense is allowed for actions against foster parents if it is determined that their acts or omissions were while in good faith performing, or in good faith purporting to perform, provision of foster care services.
- C. The foster parent must fully cooperate in such defense. No defense is allowed for any action against the foster parent by the department.

91023 Definitions

For definitions related to the Liability Plan, see Appendix A, DEFINITIONS, under FOSTER PARENT LIABILITY PLAN.

91024 Limitations

Limits of coverage are outlined in WAC 388-70-034.

- A. DEDUCTIBLE - There is no deductible. However, it is necessary for the foster parent(s) to access their homeowner's liability insurance or any other valid and collectible insurance prior to payment under this plan.
- B. DOLLAR AMOUNT - Limited to \$25,000 per occurrence. If there are multiple claims arising from the same occurrence they shall be considered one occurrence, and the dollar limit shall apply. A claim against one or more foster parents occupying the same household shall be considered a single claim and the dollar limit shall apply.
- C. EXCESS COVERAGE - Payment above and beyond that which may be collected from any other valid and collectible liability insurance available to the foster parent.
- D. FUNDS AVAILABLE - The department is authorized to pay claims subject to available funds. In addition, payment can only be made in excess of other valid and collectible liability insurance available to the claimant.
- E. NO LEGAL OBLIGATION - DSHS makes these payments without assuming any legal obligation for the action(s) of the foster parent or foster/respite care child(ren). Such payments are not an admission of liability by DSHS or the foster parent(s), nor does DSHS assume any obligation for incurring any other liability expenses other than those specifically set forth within the Liability Plan.

- F. **PER OCCURRENCE LIMITS** - The total financial payment shall not exceed the dollar limits stated on a "per occurrence" basis. Regardless of the number of third party persons who sustain damages or personal/bodily injury, they will be considered one occurrence. Liability payment for property damages shall be for the reasonable repair, or depreciated value, of damaged property.

THIRD PARTY LIABILITY

MAXIMUM \$ LIMITS

Total excess coverage

\$25,000 per occurrence

- G. **PERIOD OF COVERAGE** - No funds are available for occurrences prior to July 1, 1991.

91025 Exclusions

Exclusions from coverage are described in WAC 388-70-035. Expenses of any kind related to claims, suits, actions, or other legal proceedings brought against the foster parent(s) which arise out of, or are related to the following are specifically excluded from payment under the Liability Plan:

- A. **ALCOHOL/ILLEGAL SUBSTANCES** - Any injury or damage arising out of the actual giving of any alcoholic beverages, or other illegal substances, to a foster child, for whatever reasons or causes.
- B. **ALIENATION OF AFFECTION** - Alleged or actual alienation of affection.
- C. **GROSS NEGLIGENCE** - Any action that is performed in bad faith, or of gross negligence, by a foster parent or foster/respice care child(ren) that causes, or results in, damage or personal/bodily injury for which the foster parent is, or may be held, legally liable.
- D. **ILLEGAL ACTS** - Violation of any statute, ordinance, or regulation by foster parent or foster/respice care child(ren) for which the foster parent is, or may be held, legally liable.
- E. **JURISDICTION** - Any damage or injury caused by foster/respice care child(ren) while temporarily out of the jurisdiction (care, custody, or control) of the foster parent. This includes visits to the foster child(ren)'s parents, *guardian ad litem*, or legal guardian. Also, any claim based on any occurrence which does not arise from the family foster care relationship.
- F. **MOTOR VEHICLES, AIRCRAFT, WATERCRAFT** - For property damages, losses, and emergency medical treatment costs arising out of any act of the foster/respice care child(ren), with or without the permission of the foster parent, which related to the ownership, operation, or maintenance of any owned motor vehicle or owned aircraft/water craft.

- G. SEXUAL ABUSE - Any injury arising from any sexual abuse, or licentious, immoral, or other sexual behavior by a foster parent or foster/respite care child(ren) for which the foster parent is, or may be held, legally liable.
- H. UNSUBSTANTIATED - For any mysterious or unsubstantiated damages or personal/bodily injury.

91030 Liability Claim Filing

91031 Foster Parent Procedure

When foster parents are notified by a third party of a property damage or personal/bodily injury incurred as a result of an action(s) by their foster/respite care child(ren) for which the foster parent(s) is, or may be held, legally liable, the foster parent:

- A. Requests from their social worker a *Foster Parent Claim* form, DSHS 18-400A(X).
- B. Completes the claim form, attaches the requested documents, and submits the claim to their social worker within 30 days of being informed of the notification. Failure to submit claims within the designated time limits may invalidate payment under the Liability Plan. Claims cannot be adjudicated until all necessary documentation is received.

91032 Social Worker Procedure

Upon receipt of a claim from a foster parent, the social worker:

- A. Reviews the claim for accuracy, completeness, and timeliness. Claims are to be returned to the foster parent if:
 - 1. Not on the correct DSHS 18-400A(X);
 - 2. Information is incomplete;
 - 3. Appropriate documents are not attached; or
 - 4. Claim is not signed and dated.
- B. Completes the requested information on the form:
 - 1. Identification of CA office;
 - 2. Name of the contact person within the CA office who can be contacted should clarification or additional information become necessary during review of the claim;
 - 3. Total dollar amount requested by the foster parent on behalf of the third party claimant;

4. Telephone number of the CA contact person; and
 5. Indicate that the claim is a third party claim.
- C. Completes the social worker section on the form.
1. Identify any other liability funds or accounts available.
 2. Indicate whether or not social worker concurs with payment of the claim. State the reason(s) if does not concur.
 3. Print social worker name, office, county, and Mail Stop, or address for offices without a Mail Stop, in the space provided.
 4. Sign and date the claim form.
 5. Forward the ORIGINAL claim form with documents attached to:

DSHS Office of Risk Management
Office Building 2, Mail Stop 45844
Olympia, Washington 98504-5844

91040 Liability Claim Payment

- A. For third party claims, payment for approved liability claims will be made directly to the third party.
- B. If the foster parent can provide proof that full and satisfactory payment/restitution was paid to the third party for the identified claim and the third party satisfactorily accepted such payment/ restitution in full, the foster parent can be reimbursed for the amount approved by ORM.
- C. Payment by a foster parent to a third party for satisfaction of a claim without the prior approval of ORM may be at the full risk and expense of the foster parent.

91050 Lawsuit

91051 Foster Parent Procedures

Upon notification of any legal action by a third party against the foster parent(s) for personal/bodily injury or damage caused by the foster parent, or foster/respite care child(ren) while in the care and custody of the foster parent, the foster parent must notify their social worker (or, in their absence, the worker's assigned representative) within one work day.

91052 Social Worker Procedures

- A. Upon receipt of notification from a foster parent of an impending lawsuit, the social worker must then notify ORM within 24 hours from the initial notification by the foster parent of an impending lawsuit. The social worker must satisfy the mandatory requirement of notifying ORM in writing to the address in section 91032, above, or by fax transmittal to the Claims Program Manager, ORM, (360) 586-5199. To contact the Claims Program Manager, call (360) 664-3249.
- B. The social worker must also contact the Office of the Attorney General, Torts Division, within the initial 24-hour period. The address is: Office of the Attorney General, Torts Division, 4407 Woodview SE, 3rd Floor (or P. O. Box 40126), Olympia, WA 98504-0126; or fax to 360-459-6967; telephone number is (360) 459-6600.

91060 Legal Defense**91061 Request for Defense**

Under RCW 4.92.060, whenever an action or proceeding for damages is instituted against a foster parent licensed under Chapter 74.15 RCW, the foster parent may request the Attorney General to authorize defense of the action or proceeding at the expense of the state, if the claim resulted from acts or omissions while in good faith performing, or in good faith purporting to perform, provision of foster care services.

91062 Expense of Defense

- A. Under RCW 4.92.070, if the Attorney General finds that, in the case of a foster parent, the occurrence arose while in the good faith provision of foster care services, the request will be granted.
- B. The necessary expenses of the defense of the action or proceeding will be paid from the appropriations made to the department. In such cases the Attorney General will appear and defend the foster parent, who must assist and cooperate in the defense of the suit.
- C. The Attorney General may not represent or provide private representation for a foster parent in an action or proceeding brought by DSHS against that foster parent.

91063 Procedures

- A. Foster Parent
 - 1. The foster parent must contact their social worker to request legal defense. The foster parent needs a *Request for Defense* form mailed to them.

2. Upon receipt, the foster parent must complete the *Request for Defense* form and submit it to their social worker with the original Summons and Complaint.

B. Social Worker

1. The social worker supplies the foster parent with a *Request for Defense* form provided to DCFS by the Office of the Attorney General.
2. The social worker must contact ORM within 24 hours of notice of lawsuit.
3. The social worker must contact the Office of the Attorney General, Torts Division, within 24 hours of notice of lawsuit.
4. The social worker forwards the original *Request for Defense* form and the Summons and Complaint to the Office of the Attorney General, Torts Division, and retains copies in CA.

C. Attorney General

1. The *Request for Defense* form and the Summons and Complaint are reviewed by the Office of the Attorney General, and appropriate DSHS staff persons, and a determination is made to approve or disapprove the *Request for Defense* application.
2. If approved, the foster parent is informed by the Office of the Attorney General that the state will provide defense, and an Assistant Attorney General is assigned to handle the case.
3. The assigned Assistant Attorney General will keep CA and ORM apprised of developments in the case.

91070 State Obligation

The state does not assume any other obligation for payment other than those made under approval through the Foster Parent Liability Plan.

91080 Fraud

- A. In the event any material fact or circumstance is misrepresented or willfully concealed by either the foster parent (or foster parent household member) or third party, DSHS shall be entitled to recover any payments made under the Liability Plan.
- B. Claims found to be fraudulent involving theft or collusion are subject to criminal investigation.

91090 Actions Commenced by Foster Children or Their Parents

Per RCW 4.24.590, in actions for personal injury or property damage commenced by foster children or their parents against foster parents licensed pursuant to chapter 74.15 RCW, the liability of foster parents for the care and supervision of foster/respice care children is the same as the liability of biological and adoptive parents for the care and supervision of their children.

91100 Modification of Reimbursement Plan

Nothing in this Liability Plan is intended to modify the Foster Parent Reimbursement Plan in place on the effective date of the statute (except for transferring the responsibility for third party claims to the Liability Plan).

91105 Foster Parent Reimbursement Plan

91110 General Information

- A. The Foster Parent Reimbursement Plan provides limited financial relief to foster parents who incur property damages, losses, and emergency medical treatment expenses caused by their foster/respice care children during placement in their foster home. Reimbursement made under the Plan is considered a foster care maintenance expense. It constitutes a portion of the reasonable and proper cost of maintenance paid on behalf of foster/respice care children and is made strictly in accordance with the terms, limitations, and exclusions specified.
- B. Reimbursement under the Plan is provided to foster parents voluntarily by DSHS and is not an admission of liability for the action(s) of any foster/respice care child(ren), and nothing in the Plan shall be construed to create in any foster parent an enforceable right to reimbursement nor is it meant to impose upon DSHS a legal payment obligation.

91120 Eligibility

Foster parents are eligible for reimbursement under the Plan if they are:

- A. Licensed by DSHS or a DSHS-certified child-placing agency pursuant to chapter 74.15 RCW; and
- B. Providing approved DSHS-funded foster care to children in the care, custody, and supervision of DSHS or a DSHS-certified child-placing agency; or
- C. Providing approved DSHS-funded respice care to developmentally disabled children.

91130 Program Management

- A. The Plan is funded by CA. DDD participates in the Plan on behalf of licensed foster parents who provide respite care services in their home to developmentally disabled children.
- B. Claims management services for the Plan are provided by the Risk Management Services Section (RMSS) within the Office of Risk Management (ORM) through an Intra-Agency Agreement among the Employee Services Division, CA, and DDD.
- C. Information Sources
 - 1. Foster parents who have questions concerning completion of claim forms and required substantiating documentation should contact their social worker for assistance. A copy of the Plan is provided to foster parents in their *Foster Parent Handbook*.
 - 2. CA social workers who have questions regarding reimbursement available to foster parents under the guidelines of the Plan or on the filing of claims need to address them to the Claims Program Manager, RMSS, P. O. Box 45844, Mail Stop 45844, Olympia, WA 98504-5844 (Telephone 360-664-3249).

91140 Definitions

For definitions of terms used in the Foster Parent Reimbursement Plan, see Appendix A, DEFINITIONS.

91150 Reimbursement Limitations

The following reimbursement limitations are applicable for claims filed under the Plan:

- A. PER OCCURRENCE/AGGREGATE: The total amount payable as the result of any one occurrence shall not exceed \$5,000 for all property damages and losses or \$1,000 for all personal bodily injuries regardless of the number of foster parents or their household members who sustain property damages, losses, or personal injuries.
- B. PROPERTY DAMAGE ITEMS: Limited to the repair/cleaning cost or the depreciated value. Depreciated value is paid if the item cannot be repaired or cleaned as substantiated by a detailed retailer estimate or if the repair cost exceeds the depreciated value of the item. DSHS may request the final repair bill from foster parents for payments made from estimates provided for purposes of recovery.
- C. PROPERTY LOSS ITEMS: Limited to the depreciated value, as substantiated by the original purchase document or replacement bill/retailer

estimates for comparable item. If the claim is the result of a theft, a police report must accompany the claim form.

- D. **PERSONAL BODILY INJURIES:** Limited to the costs incurred for receiving emergency medical treatment services which are not payable or required to be provided under any workmen's compensation or disability benefits law, or under any similar law, or provided under a personal/business medical plan.
- E. **POLICY DEDUCTIBLES:** There is no deductible which means there is first dollar coverage. However, foster parents must disclose if their property damages or losses were paid or will be paid under their homeowner, automobile, or other personal/business insurance policy. Reimbursement would be limited to the policy deductible. Insurance companies do not have subrogation rights into the Plan.
- F. **DENTAL EXPENSES:** Limited to costs not payable under a dental plan. Depreciation applied on dental appliances. A dental injury is considered a personal bodily injury.
- G. **VISION EXPENSES:** Limited to costs not payable under a medical plan. Depreciation applied on vision appliances. An injury is considered a personal bodily injury.
- H. **LABOR EXPENSES:** Limited to out-of-pocket costs, materials, incurred by foster parents which are substantiated by a retailer. DSHS may request the final repair bill from foster parents for payments made from estimates provided for purposes of recovery.

91160 Exclusions

- A. The following are specifically excluded from reimbursement under the Plan. Property damages, losses, or emergency medical treatment costs incurred by foster parents or their household members which arise out of, or are related to:
 - 1. **ALCOHOL/ILLEGAL SUBSTANCES** - The alleged or actual giving to a foster/respice care child(ren) of any alcoholic beverage, or other illegal substance including tobacco products for whatever reason.
 - 2. **ILLEGAL ACTS** - The alleged or actual violation of any statute, ordinance, or regulation by the foster/respice care child(ren).
 - 3. **INADEQUATE SUPERVISION** - The primary or contributing cause was the failure of the foster parent to give directions, instructions, or to provide proper/adequate supervision to the foster/respice care child(ren). Foster parents, as determined by the DCFS social worker, must exercise all reasonable means to save and preserve property from damage or loss and to protect themselves and their household members from injury.

4. SEXUAL ABUSE - The alleged or actual sexual abuse, or licentious, immoral, or other sexual behavior of a foster/respice care child(ren).
- B. The following are also excluded from reimbursement under the plan:
1. FOLLOW-UP MEDICAL TREATMENT EXPENSES - Follow-up medical treatment expenses incurred by foster parents or their household member for a personal bodily injury sustained as a result of an action of the foster/respice care child(ren). Only emergency medical treatment costs not payable elsewhere are reimbursable under the PLAN.
 2. FOSTER/RESPITE CARE CHILDREN ITEMS - For items which belong to foster/respice care child(ren).
 3. JURISDICTION - For acts of foster children that occur while temporarily assigned outside the jurisdiction of their foster parent (includes visits to parents and guardians).
 4. MOTOR VEHICLES, AIRCRAFT, WATERCRAFT - For property damages, losses, and emergency medical treatment costs arising out of an act of the foster/respice care child(ren), with or without the permission of the foster parent, which is related to the ownership, operation, or maintenance of any owned motor vehicle, or owned aircraft/water craft.
 5. RUNAWAYS - For occurrences after a foster child has voluntarily left the foster home. For purposes of the Plan, a foster child is considered to be in runaway status if it has been more than 24 hours since the foster child left the residence. The *Foster Parent Handbook* instructs that, if a foster child runs away or is otherwise unaccounted for, the foster parent is to notify the agency and law enforcement. Foster parents should immediately take the necessary precautions to safeguard against any occurrences.
 6. THIRD PARTY CLAIMS - For property damages, losses, or personal injuries sustained by any person other than the foster parent or their household member. Third party claims are to be filed under the Liability Plan.
 7. UNSUBSTANTIATED - For property damages or losses resulting from occurrences which are alleged but not substantiated to have been caused by the foster/respice care child(ren). A copy of the police department report or fire department report, along with any follow-up investigative findings, must be submitted for claims relating to theft, assault, vandalism, or fire.
 8. UNTIMELY FILING - For property damages, losses, or emergency medical treatment costs for which a claim was not received in the

RMSS within a year after the date of occurrence, regardless of the reason for the delay in filing the claim.

9. VALUABLE ITEMS - For property damages or losses of items that are valued or for items that do not depreciate which include, but are not limited to, antiques, heirlooms, jewelry, figurines, and coin collections. Foster parents should take special precautions to secure/guard against the loss of these items.

91170 Claim Filing Procedures

91171 Foster Parent Procedure

Foster parents who incur property damages, losses, or emergency medical treatment expenses as a result of an action of their foster/respice care child(ren) shall:

- A. Request from their social worker a *Foster Parent Reimbursement Plan Claim* form, DSHS 18-400A(X) to file a claim under the Plan.
- B. Submit the completed claim to their social worker within 30 days of an occurrence. All requested information is to be provided on the claim form with the required substantiating documentation attached.
- C. Documentation on claims filed more than 30 days after an occurrence must include a statement to their social worker from the foster parent indicating the reason for the delay in filing the claim.

91172 Social Worker Procedure

Social workers who receive a claim from a foster parent:

- A. Review the claim for accuracy, completeness, and timeliness. Claims are to be returned to the foster parent if:
 1. An outdated claim form was received;
 2. All the requested information was not provided on the claim form;
 3. All the required substantiating documents were not attached to the claim; or
 4. The claim form was not signed/dated by the foster parent.
- B. Complete the social worker section on the claim form. Failure to provide all the required information will cause a delay in reimbursement to the foster parent.
- C. Social workers must indicate on the claim form the reason for the delay in submitting claims to RMSS more than 90 days after an occurrence.

91180 Misrepresentation of Claims

- A. DSHS shall deny any claim in which any material fact or circumstance of a property damage, loss, or personal injury is misrepresented or willfully concealed by the foster parent and shall be entitled to recover any payments made under the Plan.
- B. Claims found to be fraudulent involving theft or collusion are subject to criminal investigation.

91190 Investigation of Claims

DSHS shall be permitted upon request to inspect the damaged property and retains the right to have an inspector of its choice make a damage estimate when, and as often as, DSHS may require.

911100 Reconsideration of Claim Determinations

- A. Reconsideration of a claim determination made must be submitted by the foster parent in writing within 30 days of the determination to the Claims Program Manager, Office of Risk Management, Department of Social and Health Services, P. O. Box 45844, Olympia, WA 98504-5844.
- B. The request must include substantiating new factors or additional information/documentation not previously provided for reconsideration of the claim determination. All determinations made by the Claims Program Manager are final and do not constitute a basis for requesting or obtaining an administrative fair hearing.

911110 Exception Requests

Written requests for exceptions to the terms, limitations, and exclusions specified in the Plan must be made through the Children's Administration Director of Management Services, P. O. Box 45710, Olympia, WA 98504-5710, to the Claims Program Manager, DSHS-ORM, Mail Stop 45844, Olympia, WA 98504-5844, and must include the justification for the request and alternatives explored.

91200 EMPLOYEE, VOLUNTEER, AND CLIENT TRAVEL

91210 Requirements for Travel

- A. All CA employee, volunteer, advisory committee member, and subsidized client travel must comply with the provisions of the Office of Financial Management (OFM) travel regulations contained in Part Four, Chapter two, of the *OFM Financial and Administrative Policy, Regulations, and Procedures* manual and the *DSHS Travel Manual*, including completion of the *Travel Authorization*, DSHS 03-337.
- B. **Adult Travelers Accompanying Children:** The assigned social worker for the child must complete a criminal history and background check, including

review of DCFS records, on the non-employee adult, excluding the child's parent, before the department authorizes the person to accompany the child. See chapter 5000, section 5500, Background Inquiries.

91220 Authorizations for Travel

91221 In-State Travel

- A. For employees, the employee's immediate supervisor must pre-approve in writing all travel that includes lodging costs of more than one night. The employee and supervisor document the advance approval of the lodging expenditure by completing and signing the *Travel Authorization*, DSHS 03-337.
- B. For volunteers, the supervisor of the unit for which the volunteer is providing service pre-approves lodging expenses. The volunteer and the supervisor document advance approval of the lodging and other expenses by completing and signing the *Authorization for Expenditure (Non-Employee)*, DSHS 9-415(X).
- C. Individual non-employees appointed to serve on any state board or committee authorized by law are entitled to travel expenses. The provisions of paragraph B above apply, with the manager responsible for the activity pre-approving lodging costs.

91222 Out of State Travel

- A. Scope
 - 1. This out-of-state travel section applies to all CA staff, volunteers, foster parents, and clients or relatives of clients. Out-of-state travel requires prior written approval via the *Travel Authorization Form*, DSHS 03-337.
 - 2. Travel must comply with the OFM *State Administrative and Accounting Manual* and the DSHS *Travel Manual*. Out-of-state travel means travel in areas within the Continental USA, Alaska, and British Columbia, Canada. The Continental USA is defined as all areas in the 48 contiguous states and the District of Columbia.
- B. Client Related Travel
 - 1. Approval for all client-related travel will be authorized in advance at the Regional Administrator or applicable division Director level for the following purposes:
 - a. To relocate a department client;
 - b. To relocate a department client - accompanied by an employee;
 - c. To relocate a department client - accompanied by a companion;

- d. Temporary out-of-state travel by client;
- e. Temporary out-of-state travel by client - accompanied by an employee;
- f. Temporary out-of-state travel by client - accompanied by a companion;
- g. Temporary out-of-state travel by family member of client - without the client;
- h. Temporary out-of-state travel by staff - without the client - for case planning.

2. Types of travel may include the following:

- a. **Dependent children** traveling as a result of a court order and to complete a case plan:
 - i. Children being returned to their parents;
 - ii. Children being placed out-of-state through Interstate Compact on Placement of Children (ICPC);
 - iii. Children visiting out-of-state;
 - iv. Native American children being returned to their Tribe.
- b. **Non-dependent Children:**
 - i. Children being returned to their parents;
 - ii. Native American children being returned to their Tribe;
 - iii. Cases when custodial parent is making the placement to prevent foster care placement.
 - iv. DCFS-involved cases where the custodial parent is making the placement to prevent foster care placement and information is insufficient for dependency.
- c. **Adult travelers:**
 - i. Parents living out of state returning to Washington for court ordered visits.
 - ii. Parent or other adults, directly related to case planning, traveling to Washington for evaluations.

- iii. Relatives, prospective adoptive parents, and foster parents traveling to Washington for pre-placement visits with a specific child(ren).
- iv. Staff, volunteers, foster parents, or relatives accompanying children who are unable to travel alone.

d. Runaways:

- i. A child identified as a runaway is handled by the social worker in the local office. All runaways are handled the same regardless of state of residency.
- ii. When the child arrives in the DCFS office, every attempt is made by the responsible social worker to locate the custodial parent and to return the child as soon as possible.
- iii. If placement is required, the worker contacts the police and places the child under 72 hour police protective custody or obtains a signed voluntary placement agreement from the custodial parent.
- iv. When the custodial parent is unable to pay for the child's return and there is no other funding source, the social worker arranges for the child's return and to pay any associated costs, including, plane, bus, or train tickets.
- v. The social worker contacts the parent(s) and makes the travel arrangements. Following receipt of the approvals for the travel as outlined in this section, the region pays for these costs by SSPS, travel voucher, or credit card, as appropriate.
- vi. Calls from out of state regarding the return to Washington of non-dependent children who are listed with law enforcement as a runaway are referred to the Juvenile Rehabilitation Administration (JRA), Interstate Compact for Juveniles, (360) 902-8094. The local DCFS office may continue to supply information and assistance in contacting the custodial parent, but assistance in making arrangements for the physical return and/or other questions are directed to JRA.

e. Family Group Conferences

- i. A family group conference may occur when one or more family members have been invited to attend a meeting to discuss a child's case plan.

- ii. Social workers are expected to explore the option of families funding their own travel expenses (subsistence, lodging, mileage, airfares, etc.). If financial resources do not permit that, the Regional Administrator may approve travel expenses for up to five family members.
- iii. If travel expenses are requested for more than five family members, the request will be submitted to the Assistant Secretary. Funding requests for more than five family members will contain justification, including how participation by more than five family members in a family group conference contributes to the case plan.

C. Regional Responsibilities

1. CA expects social workers to explore the option of families funding their own travel expenses (subsistence, lodging, mileage, airfares, etc.). Social workers must use state contracts wherever available and use lodging and per diem rates published in the DSHS *Travel Manual*.
2. The requesting social worker, the supervisor (first line supervisor), **or** the Area Administrator (second line supervisor), **and** the Regional Administrator or the applicable division Director must sign the Travel Authorization form.
3. Regional Administrators or the applicable division Directors must:
 - a. Use a tracking system approved by the CA Director of Management Services;
 - b. Retain hard copies of the completed *Travel Authorization* forms in the regional office for a period of six years (See General Records Retention Schedule Authority Numbers GS 07001 and GS 07002);
 - c. Periodically review and audit approvals; and
 - d. Make *Travel Authorization* forms easily available to the Management Services Division if requested.
4. Regional Administrators and division Directors will ensure that the electronic version of the *Travel Authorization* form is available to all staff on regional template directories, along with clear instructions regarding how to complete and use the form.

D. Travel for Other Reasons-Travelers must receive *prior* authorization for travel from the DSHS Secretary/Deputy Secretary and the CA Assistant Secretary levels in accordance with the DSHS *Travel Manual* for the following reasons:

1. To maintain required certification;

2. To obtain mandatory job-related professional development or training not obtainable within the state;
3. To maintain or secure a grant;
4. To attend conferences/professional association meetings that benefit the department and/or its clients;
5. To audit out-of-state records that pertain to department business;
6. To share knowledge or expertise with other government and community organizations;
7. To investigate allegations of fraud in department programs; and
8. In response to subpoena or court order in cases involving investigations of fraud in department programs.

The *Travel Authorization* form should be faxed to the Assistant Secretary a minimum of three weeks before the travel dates.

91223 Travel Out of the Country

- A. This out-of-country travel section applies to all staff, volunteers, foster parents, and clients or relatives of clients and requires prior written approval via the *Travel Authorization* Form, DSHS 03-337. Travel must comply with the OFM *State Administrative and Accounting Manual* and the DSHS *Travel Manual*. Out-of-country travel applies to travel **outside** the Continental USA, Alaska, and British Columbia, Canada. The Continental USA is defined as all areas in the 48 contiguous states and the District of Columbia. Hawaii is treated as out-of-country travel.
- B. Once travel has been approved at the Regional Administrator or applicable division Director level, the travel request must be submitted to the Assistant Secretary accompanied by a memo written to the Governor's Staff Director from the DSHS Secretary. The purpose of the memo is to request prior approval for out-of-country travel and summarize the purpose of the travel. Once the Governor's Office has approved the travel, the Assistant Secretary's Office will notify the Regional Administrator. The *Travel Authorization* form should be faxed to the Assistant Secretary a minimum of three weeks before the travel dates.

91300 CHILD DAY CARE SUBSIDY PROGRAMS

91310 Introduction

- A. The Children's Administration (CA) offers a variety of child day care subsidy programs to support children and families. See the *Practices and*

Procedures Guide, chapter 4000, for descriptions of the programs. Among the CA subsidy programs are:

1. Child Protective Services Child Care;
2. Child Welfare Services Child Care;
3. Employed Foster Parent Child Care;
4. Homeless Child Care;
5. Seasonal Child Care;
6. Teen Parent Child Care
7. Therapeutic Child Development

91320 Definitions

For definitions relating to child day care payments, see Appendix A, DEFINITIONS.

91340 Income Eligibility

- A. Families must have an income at or below 225% of Federal Poverty Level (FPL) adjusted for family size to qualify financially for CA child care subsidies. See the Co-Payment Calculation Table column 2 for 225% of FPL adjusted by family size.
- B. The social worker may waive income eligibility, on a case by case basis, only for CPS Child Care subsidy program. CA provides Employed Foster Parent Child Care without regard to the foster parent(s)' income.

91350 Co-Payments

- A. Families that receive child care subsidies from CA pay co-payments that are:
 1. Based on the family's income;
 2. Per family, regardless of the number of children in the family or the amount of care needed;
 3. Paid by the family directly to the child care provider.
- B. See the following Co-Payment Calculation Table for income guidelines and co-payment calculation. The social worker may waive co-payments, on a case by case basis, only for CPS Child Care subsidy program.

CO-PAYMENT CALCULATION TABLE – GROSS INCOME EFFECTIVE 4-1-00								
	COLUMN 1	COLUMN 2	COLUMN 3		COLUMN 4		COLUMN 5	
If family size is	137.5 % FPL	If countable income is over 225% FPL	If countable income is 0 to 82% FPL		If countable income is 83% to 137.5% FPL		If countable income is 137.6% to 225% FPL	
1	\$957	\$1,566	\$0	\$571	\$572	\$957	\$958	\$1,566
2	\$1,290	\$2,111	\$0	\$769	\$770	\$1,290	\$1,291	\$2,111
3	\$1,621	\$2,653	\$0	\$967	\$968	\$1,621	\$1,622	\$2,653
4	\$1,954	\$3,197	\$0	\$1,165	\$1,166	\$1,954	\$1,955	\$3,197
5	\$2,287	\$3,742	\$0	\$1,364	\$1,365	\$2,287	\$2,288	\$3,742
6	\$2,618	\$4,284	\$0	\$1,561	\$1,562	\$2,618	\$2,619	\$4,284
7	\$2,951	\$4,829	\$0	\$1,760	\$1,761	\$2,951	\$2,952	\$4,829
8	\$3,284	\$5,373	\$0	\$1,958	\$1,959	\$3,284	\$3,285	\$5,373
9	\$3,616	\$5,918	\$0	\$2,157	\$2,158	\$3,616	\$3,617	\$5,918
10	\$3,949	\$6,462	\$0	\$2,355	\$2,356	\$3,949	\$3,950	\$6,462
		Not Eligible	\$10 Co-Pay		\$20 Co-Pay		See #5 below	

C. STEPS TO CALCULATE CHILD CARE SUBSIDY CO-PAYMENTS:

1. Determine total income. This is gross income plus any child support paid to the family and minus any child support the family pays.
2. Compare total income to Column 2. If amount is greater, client is not eligible.
3. If the family income falls in column 3, the co-payment is \$10.00.
4. If the family income falls in column 4, the co-payment is \$20.00.
5. To calculate co-pay for families with an income in column 5:
 - a. Subtract 137.5% of FPL (column 1) from the total income;
 - b. Multiply by .44; and
 - c. Add \$20.00.

91360 Qualified Child Care Providers

A. CA pays child care subsidies to:

1. Licensed or certified family child care homes;
2. Licensed or certified child care centers; or

3. Exempt in-home/relative providers.

91370 Rates and Authorizations for Child Care

- A. CA pays for child care at the provider's rate or the appropriate DSHS rate, whichever is less. See the following charts to determine the appropriate rate for the age of the child and the region where the child care is located. The maximum rate for a five year old child is:

1. The preschool rate for a child who has not entered kindergarten; or
2. The school-age rate for a child who has entered kindergarten.

B. In-Home Child Care Subsidy Rates Dollars Per Hour

1. First Child \$2.06
2. Each Subsequent Child \$1.03

C. LICENSED CHILD CARE CENTERS

MAXIMUM SUBSIDY RATES FOR CHILD CARE Daily Rates – Effective November 1, 1999						
		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	School- age (5-12 yrs.) \$	Monthly NSB* All Ages \$
Region 1	Full-Day	\$22.73	\$19.85	\$18.00	\$16.70	\$74
	Half-Day	11.36	9.93	9.00	8.35	74
Region 2	Full-Day	23.18	20.45	17.75	16.82	73
	Half-Day	11.59	10.23	8.88	8.41	73
Region 3	Full-Day	30.18	26.00	22.00	19.77	91
	Half-Day	15.09	13.00	11.00	9.89	91
Region 4	Full-Day	37.80	29.55	26.14	23.40	108
	Half-Day	18.90	14.77	13.07	11.70	108
Region 5	Full-Day	25.82	22.18	19.45	17.50	80
	Half-Day	12.91	11.09	9.73	8.75	80
Region 6	Full-Day	25.59	22.73	20.00	20.00	83
	Half-Day	12.80	11.36	10.00	10.00	83

*NSB=Non-Standard-Hour Bonus (\$/month). See section 91375 for information on the Non-Standard Hour Bonus.

D. LICENSED FAMILY CHILD CARE HOMES

MAXIMUM SUBSIDY RATES FOR CHILD CARE						
Daily Rates – Effective November 1, 1999						
		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	School-age (5-12 yrs.) \$	Monthly NSB* All Ages \$
Region 1	Full-Day	\$19.00	\$17.60	\$17.00	\$15.00	\$74
	Half-Day	9.50	8.80	8.50	7.50	74
Region 2	Full-Day	18.00	18.00	16.00	15.00	73
	Half-Day	9.00	9.00	8.00	7.50	73
Region 3	Full-Day	28.00	24.00	22.00	20.00	91
	Half-Day	14.00	12.00	11.00	10.00	91
Region 4	Full-Day	30.00	27.27	25.00	22.50	108
	Half-Day	15.00	13.64	12.50	11.25	108
Region 5	Full-Day	21.00	20.00	19.00	17.00	80
	Half-Day	10.50	10.00	9.50	8.50	80
Region 6	Full-Day	20.50	20.00	18.00	17.00	83
	Half-Day	10.25	10.00	9.00	8.50	83

*NSB=Non-Standard-Hour Bonus (\$/month). See section 91375 for information on the Non-Standard Hour Bonus.

91371 Half-Day/Full Day Authorizations

- A. CA authorizes for half-days or full-days, based on the total number of hours of child care needed monthly.
 1. If a child needs fewer than 110 hours of care per month, DSHS authorizes half-day child care. A half-day of care is fewer than 5 hours a day. A full monthly half-day authorization is for 22 days a month. Depending on the family's needs, DSHS may authorize up to 30 half-days of child care per month. The extra eight half-days allows the provider to claim an additional half day when 5 or more hours of care are provided for that child on any given day.
 2. If a child needs 110 or more hours of care per month, DSHS authorizes full-day child care. DSHS may authorize up to 22 full-days of care each month. A full-day is five to 10 hours of care per day. If more than 10 hours of care are needed to support a DSHS approved activity, additional hours may be authorized.
- B. See the SSPS Manual for the correct service and reason codes.

91372 Registration Fee

- A. If the provider's policy is to charge all families a registration fee, CA child care subsidy programs authorize a registration fees:

1. When the child enters care; and
2. Annually.
3. The department pays a registration fee of \$50.00 per child or the provider's usual rate, whichever is less.

B. See the SSPS Manual for the correct service and reason codes.

91373 Special Needs Child Care

- A. CA child care subsidy programs pay an additional amount for the care of children with documented special needs who require a higher level of care. See the following chart "Special Needs Rate for Child Care" to determine the appropriate rate for the age of the child and the region where the child care is located. CA will pay the rate on the chart or the provider's documented additional cost of care, whichever is **greater**, in addition to the rates contained in section 91370.

B. LICENSED CHILD CARE CENTERS

SPECIAL NEEDS RATES FOR CHILD CARE					
Additional Daily Rate for Children with Documented Needs					
Effective November 1, 1999					
		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	School- age (5-12 yrs.) \$
Region 1	Full-Day	\$6.82	\$5.96	\$5.40	\$5.01
	Half-Day	3.41	2.98	2.70	2.51
Region 2	Full-Day	6.95	6.14	5.33	5.05
	Half-Day	3.48	3.07	2.66	2.52
Region 3	Full-Day	9.05	7.80	6.60	5.93
	Half-Day	4.53	3.90	3.30	2.97
Region 4	Full-Day	11.34	8.86	7.84	7.02
	Half-Day	5.67	4.43	3.92	3.51
Region 5	Full-Day	7.75	6.65	5.84	5.25
	Half-Day	3.87	3.33	2.92	2.63
Region 6	Full-Day	7.68	6.82	6.00	6.00
	Half-Day	3.84	3.41	3.00	3.00

C. LICENSED FAMILY CHILD CARE HOMES

SPECIAL NEEDS RATES FOR CHILD CARE Additional Daily Rate for Children with Documented Needs Effective November 1, 1999					
		Infants (0-11 Mos.) \$	Toddlers (12-29 Mos.) \$	Preschool (30 Mos. – 5 yrs.) \$	School-age (5-12 yrs.) \$
Region 1	Full-Day	\$5.70	\$5.28	\$5.10	\$4.50
	Half-Day	2.85	2.64	2.55	2.25
Region 2	Full-Day	5.40	5.40	4.80	4.50
	Half-Day	2.70	2.70	2.40	2.25
Region 3	Full-Day	8.40	7.20	6.60	6.00
	Half-Day	4.20	3.60	3.30	3.00
Region 4	Full-Day	9.00	8.18	7.50	6.75
	Half-Day	4.50	4.09	3.75	3.38
Region 5	Full-Day	6.30	6.00	5.70	5.10
	Half-Day	3.15	3.00	2.85	2.55
Region 6	Full-Day	6.15	6.00	5.40	5.10
	Half-Day	3.08	3.00	2.70	2.55

D. In-Home Care

Dollars Per Hour

\$0.62

E. See the SSPS Manual for the correct service and reason codes.

91374 Infant Bonus

- A. CA authorizes a \$250.00 infant bonus to licensed or certified facilities when the:
 - 1. Child is under one year old;
 - 2. Child care facility has not already received a bonus for that child; and
 - 3. Child needs a minimum of 5 days of care.
- B. See the SSPS Manual for the correct service and reason codes.

91375 Nonstandard Hour Bonus

- A. CA authorizes the nonstandard hour bonus to a licensed or certified facility when the child needs 15 or more hours of nonstandard care per month. Nonstandard hours are:
 - 1. Before 6:00 a.m.;
 - 2. After 6:00 p.m.; or
 - 3. Any time on Saturday or Sunday.

- B. The nonstandard hour bonus is the same for the region regardless of the child's age group. The nonstandard hour bonus rates are listed on the chart "Maximum Subsidy Rates for Child Care."
- C. See the SSPS Manual for the correct service and reason codes.

91380 Overpayment Procedures

See section 9500 for procedures regarding identification and recovery of overpayments.

91390 Advance and Adequate Notice

91391 When Required

- A. The authorizing worker uses the DSHS 14-039(X), *Notice of Planned Action*, to provide 10-day advance and adequate notice to a parent/guardian when the department reduces or terminates child care benefits prior to the end of the established benefit period.
- B. When unable to provide advance and adequate notice prior to the end of the month, the authorizing worker:
 - 1. Continues benefits unchanged through the end of the 10-day period.
 - 2. Establishes an overpayment for the amount of overpaid benefits.
- C. The DSHS 14-259(X), transmitted before the fact, and generated by SSPS after the authorizing worker terminates child care benefits for the parent/guardian, meets the requirement for adequate notice.

91392 When Not Required

Advance notice is not required when:

- A. The parent's/guardian's child care benefits will terminate at the end of the established benefit period, **and**
- B. The parent/guardian is previously notified of the eligibility ending date. When benefits are initially authorized, the payee (the licensed provider or the client in the case of in-home child care) receives the *Social Service Notice*, DSHS 14-259(X), directly from SSPS. A copy of the *Social Service Notice* is sent to the authorizing worker. This copy may be sent to the parent/guardian by the local office.

913100 Fair Hearing

- A. If a child care client disagrees with an eligibility determination, the client has the right to a fair hearing. See section 9520.

- B. The department pays child care while the case is pending.
- C. The authorizing social worker or fair hearing coordinator must make the client aware that continuing payment may result in significant overpayment if the judgment is for the department.

913110 Child Care Rate Clusters Based on DSHS Regions

- A. Counties are grouped into rate clusters. These clusters are contiguous with the six DSHS regions, with the exception of Garfield and Asotin Counties.
- B. DSHS maximum child care rates are consistent for counties within each cluster. The table on the following page identifies each county by cluster and region.

Cluster/Region	Counties	
Cluster I Region 1	Adams Asotin Chelan Douglas Ferry Garfield	Grant Lincoln Okanogan Pend Oreille Spokane Stevens Whitman
Cluster II Region 2	Benton Columbia Franklin	Kittitas Walla Walla Yakima
Cluster III Region 3	Island San Juan Skagit	Snohomish Whatcom
Cluster IV Region 4	King	
Cluster V Region 5	Kitsap	Pierce
Cluster VI Region 6	Clallam Clark Cowlitz Grays Harbor Jefferson Klickitat	Lewis Mason Pacific Skamania Thurston Wahkiakum

91400 The Good Cause Determination Process

91410 Referral process

- A. DCFS is required to make a referral to the Division of Child Support (DCS) whenever a child is placed in out of home care for more than 72 hours.

- B. Children's Administration Management Information system, CAMIS will automatically send the referral to DCS once the child is placed for 72 hours or more. The sent referral initiates the process for establishment and collection of support from the child's parents to reimburse DCFS for foster care expenditures.
- C. In certain cases there may be Good Cause for not pursuing collection and in those situations DCS will not collect support to reimburse the FC expenditures.

91420 Basis For Good Cause

- A. Basis for a good cause determination as defined in CA's WAC 388-25-0225 include the following scenarios:
 - 1. Division of Developmental Disability (DDD) has determined the child is developmentally delayed (These do not have to be referred for a determination as this exemption is based on the *Jacobs v Soliz* settlement. DCS has a process already in place to check on the DD status of a child when they are placed initially into foster care. If the child is DD DCS will not collect for that child regardless of a claim of good cause.);
 - 2. The Juvenile Rehabilitation Administration (JRA) has discharged the child who has served time for an offense against a removal home family member and is being placed directly into foster care to protect that family member;
 - 3. Adoption proceedings for the child are pending in court or a public/private agency is assisting the custodial parent to decide if the child will be placed for adoption;
 - 4. The child's birth is a result of incest or rape and establishing paternity would not be in the child's best interest;
 - 5. The custodial parent or the child may be placed in danger of domestic abuse, perpetrated by the other parent or responsible person;
 - 6. A child in the Adoption Support Program and the case plan is reunification with the adoptive parents;
 - 7. During a Dependency proceeding, the Juvenile or Tribal Court finds the parents will be unable to comply with agreed reunification plans due to financial hardship caused by paying support;
 - 8. The social worker determines that paying DCS foster care support causes undue financial hardship that will delay or prevent family reunification. The basis for this determination must be documented in the child's case file.

9. Where pursuing child support is not in the best interest of the child and the circumstances of the family.
 - B. The DCFS social worker or IV-E Specialist discovering a possible good cause situation will notify each other of the need for a determination. The IV-E Specialist will also notify the DCS Foster Care Coordinator of the pending decision and ensures an electronic referral has been sent to DCS.
 - C. Both parties (social worker and IV-E Specialist) will decide whether or not the case meets the criteria for good cause. In cases where the child's family is receiving adoption support payments, the DCFS social worker and/or the IV-E specialist will consult with the assigned adoption support program manager to assist in determining whether good cause is to be pursued. The IV-E Specialist will then notify the Regional Federal Funding Program Manager (FFPM) of their recommendation and the need for a approval.
 - D. The regional FFPM will review the information and recommendation from the social worker and IV-E Specialist to verify the case is appropriate for a good cause determination and will make the final decision. The FFPM, after affirming their decision with the social worker and IV-E Specialist, will notify the DCS Foster Care Coordinator via e-mail of the determination either approving or denying the claim. The e-mail will explain:
 1. Which parent(s) the decision applies to, the reason for the approval or denial and if approved that the case for the parent(s) is not subject to collection.
 - E. In some cases Community Services Office (CSO) staff approves a claim of good cause when authorizing TANF prior to a child entering out of home care. In such cases DCS will notify the DCFS social worker of the CSO's good cause determination.

